

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 JUN 12 PM 12:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *P00000117358*

1. Entity Name

*BEAUTY WAY, INC.*

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

*1030 NW 10 AVE.*

3. Mailing Address

Suite, Apt. #, etc.

*SAME*

DO NOT WRITE IN THIS SPACE

City & State

*FT. LAUDERDALE FL*

City & State

*SAME*

4. FEI Number

*65-1071253*

Applied For

Not Applicable

Zip

*33311*

Country

*USA*

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

*TOUFIK BELOUALTI*

Street Address (P.O. Box Number is Not Acceptable)

*11350 N.W. 37 PLACE*

City

*SUNRISE*

FL

Zip Code

*33323*

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

*Beloualti*

Signature, typed or printed name of registered agent and title if applicable.

*TOUFIK BELOUALTI*

(NOTE: Registered Agent signature required when reinstating)

*6-6-02.*

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so. ☐  
(See criteria on back)

January 1 - May 1 Fee is: \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE  
NAME

STREET ADDRESS  
CITY-ST-ZIP

*PVST  
TOUFIK BELOUALTI  
11350 NW 37 PLACE  
SUNRISE, FL 33323*

TITLE  
NAME

STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME

STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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CITY-ST-ZIP

*900005892279--1  
-06/20/02--01065--015  
\*\*\*\*150.00 \*\*\*\*150.00*

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 807, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE

*Beloualti* *TOUFIK BELOUALTI*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*6-6-02 (954) 4101032*

Daytime Phone #